

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		66621	6/13
O.I.P.E. CLASSIFIER		21-9	
FORMALITY REVIEW	22	811	7/28/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	10/29/62	
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
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43	✓		
44	✓		
45	✓		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	1/4/64	
52	✓		
53	✓		
54	✓		
55	✓		
56	✓		
57	✓		
58	✓		
59	✓		
60	✓		
61	✓		
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95	✓		
96	✓		
97	✓		
98	✓		
99	✓		
100	✓		

Claim	Final	Original	Date
101	✓	10/29/62	
102	✓		
103	✓		
104	✓		
105	✓		
106	✓		
107	✓		
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139	✓		
140	✓		
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144	✓		
145	✓		
146	✓		
147	✓		
148	✓		
149	✓		
150	✓		

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)